

FAME PASSWORD REQUEST

CLIENT'S PARTICULARS (Please complete ALL details)

Name: _____

NRIC No: _____

Contact No*: _____ (H) _____ (O) _____ (HP)

Email*: _____ (Optional)

Remarks (if any): _____

* Note: Not for updating purpose.

Instructions:

- All fields must be completed in order for this form to be processed.
- Please submit this form by mail or fax to (65) 6337 0190 or email to sgclientservice@fameplatform.com
- Pin mailer for your FAME password will be generated and posted to your mailing address as per our records.
- To confirm your mailing address, please contact your Financial Adviser for assistance.
- Please note that requests received after 4pm will be processed by next working day.

By signing, you have read and agree with the instructions as stated above.

Client's Name / Signature

Date.: _____

FOR OFFICIAL USE

Signature / Phone verified &
Reset without mailer by

Signature / Phone verified &
Reset with mailer by

Name / Signature

Name / Signature

Date: _____

Date: _____